



**Substitute House Bill No. 6733**

**Public Act No. 23-31**

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

As used in this chapter, unless the context otherwise requires:

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, clinical laboratory, blood collection facility, source plasma donation center, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care

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facility for individuals with intellectual disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital and the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center;

(b) "Hospital" means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals;

(c) "Residential care home" or "rest home" means a community residence that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services that meet a need beyond the basic provisions of food, shelter and laundry and may qualify as a setting that allows residents to receive home and community-based services funded by state and federal programs;

(d) "Home health care agency" means a public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available twenty-four hours per day, in the patient's home or a substantially equivalent environment: Home health aide services as defined in this section, physical therapy, speech therapy, occupational therapy or medical social services. The agency shall provide professional nursing services and at least one additional service directly and all others directly or through contract. An agency shall be available to enroll new patients seven days a week, twenty-four hours per day;

(e) "Home health aide agency" means a public or private organization, except a home health care agency, which provides in the patient's home or a substantially equivalent environment supportive

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services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management. Such supportive services shall be provided under the supervision of a registered nurse and, if such nurse determines appropriate, shall be provided by a social worker, physical therapist, speech therapist or occupational therapist. Such supervision may be provided directly or through contract;

(f) "Home health aide services" as defined in this section shall not include services provided to assist individuals with activities of daily living when such individuals have a disease or condition that is chronic and stable as determined by a physician licensed in the state;

(g) "Behavioral health facility" means any facility that provides mental health services to persons eighteen years of age or older or substance use disorder services to persons of any age in an outpatient treatment or residential setting to ameliorate mental, emotional, behavioral or substance use disorder issues;

(h) "Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues for the purpose of providing information for the (1) diagnosis, prevention or treatment of any human disease or impairment, (2) assessment of human health, or (3) assessment of the presence of drugs, poisons or other toxicological substances;

(i) "Person" means any individual, firm, partnership, corporation, limited liability company or association;

(j) "Commissioner" means the Commissioner of Public Health or the commissioner's designee;

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(k) "Home health agency" means an agency licensed as a home health care agency or a home health aide agency;

(l) "Assisted living services agency" means an agency that provides [among other things] chronic and stable individuals with services that include, but need not limited to, nursing services and assistance with activities of daily living [to a population that is chronic and stable] and may have a dementia special care unit or program as defined in section 19a-562;

(m) "Outpatient clinic" means an organization operated by a municipality or a corporation, other than a hospital, that provides (1) ambulatory medical care, including preventive and health promotion services, (2) dental care, or (3) mental health services in conjunction with medical or dental care for the purpose of diagnosing or treating a health condition that does not require the patient's overnight care;

(n) "Multicare institution" means a hospital that provides outpatient behavioral health services or other health care services, psychiatric outpatient clinic for adults, free-standing facility for the care or treatment of substance abusive or dependent persons, hospital for psychiatric disabilities, as defined in section 17a-495, or a general acute care hospital that provides outpatient behavioral health services that (1) is licensed in accordance with this chapter, (2) has more than one facility or one or more satellite units owned and operated by a single licensee, and (3) offers complex patient health care services at each facility or satellite unit. For purposes of this subsection, "satellite unit" means a location where a segregated unit of services is provided by the multicare institution;

(o) "Nursing home" or "nursing home facility" means (1) any chronic and convalescent nursing home or any rest home with nursing supervision that provides nursing supervision under a medical director twenty-four hours per day, or (2) any chronic and convalescent nursing

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home that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries;

(p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient dialysis unit that is licensed by the department to provide (A) services on an out-patient basis to persons requiring dialysis on a short-term basis or for a chronic condition, or (B) training for home dialysis, or (2) an in-hospital dialysis unit that is a special unit of a licensed hospital designed, equipped and staffed to (A) offer dialysis therapy on an out-patient basis, (B) provide training for home dialysis, and (C) perform renal transplantations;

(q) "Hospice agency" means a public or private organization that provides home care and hospice services to terminally ill patients;

(r) "Psychiatric residential treatment facility" means a nonhospital facility with a provider agreement with the Department of Social Services to provide inpatient services to Medicaid-eligible individuals under the age of twenty-one; [and]

(s) "Chronic disease hospital" means a long-term hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of chronic diseases;

(t) "Blood collection facility" means a facility that performs blood component collection activities where blood is removed from a human being for the purpose of administering such blood or any of its components to any human being. "Blood collection facility" does not include a facility that performs blood component collection activities to collect source plasma or perform testing that would require licensure as a clinical laboratory. For the purposes of this subsection, "source plasma" means the liquid portion of human blood collected by plasmapheresis and intended as source material for further

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manufacturing use and does not include single donor plasma products intended for intravenous use, and " plasmapheresis" means a procedure in which blood is removed from a blood donor, the plasma is separated from the formed elements and at least the red blood cells are returned to the blood donor at the time of the donation; and

(u) "Source plasma donation center" means a facility where source plasma is collected by plasmapheresis. For the purposes of this subsection, "source plasma" means the liquid portion of human blood collected by plasmapheresis and intended as source material for further manufacturing use and does not include single donor plasma products intended for intravenous use, and " plasmapheresis" means a procedure in which blood is removed from a blood donor, the plasma is separated from the formed elements and at least the red blood cells are returned to the blood donor at the time of the donation.

Sec. 2. Section 19a-564 of the general statutes is amended by adding subsection (g) as follows (*Effective from passage*):

(NEW) (g) An assisted living services agency may provide services that include, but need not be limited to, nursing services and assistance with activities of daily living to an individual who is no longer chronic and stable if (1) such individual is under the care of a licensed home health care agency or licensed hospice agency, or (2) such assisted living services agency is arranging, in conjunction with a managed residential community in accordance with subdivision (3) of subsection (a) of section 19a-694, for the provision of ancillary medical services on behalf of such individual, including physician and dental services, pharmacy services, restorative physical therapies, podiatry services, hospice care and home health agency services.

Sec. 3. Subsection (b) of section 20-195o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(b) (1) Notwithstanding the provisions of section 20-195n concerning examinations, on or before October 1, 2015, the commissioner may issue a license without examination, to any master social worker applicant who demonstrates to the satisfaction of the commissioner that, on or before October 1, 2013, he or she held a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, completed an educational program deemed equivalent by the council.

(2) Notwithstanding the provisions of section 20-195n concerning examinations, the commissioner shall waive the requirement to pass the masters level examination of the Association of Social Work Boards or any other examination prescribed by the commissioner, as described in subsection (b) of section 20-195n until January 1, 2026, at which time such requirement shall be reinstated. Not later than July 1, 2025, the commissioner shall notify institutions of higher education offering social work programs about the reinstatement of the examination for all persons graduating after January 1, 2026.

Sec. 4. Subsections (a) and (b) of section 20-195u of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) Except as otherwise provided in this section, each clinical social worker, licensed pursuant to the provisions of this chapter, and [ on and after October 1, 2011,] each master social worker licensed pursuant to this chapter shall complete a minimum of fifteen hours of continuing education during each registration period in the following manner: (1) Not less than five hours shall be earned through in-person or synchronous online education with opportunities for live interaction; and (2) not more than ten hours shall be earned through asynchronous online education, distance learning or home study. For purposes of this section, "synchronous online education" means live online classes that are conducted in real time, "asynchronous online education" means a

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program where the instructor, learner and other participants are not engaged in the learning process at the same time, there is no real-time interaction between participants and instructors and the educational content is created and made available for later consumption, and "registration period" means the twelve-month period for which a license has been renewed in accordance with section 19a-88 and is current and valid.

(b) Continuing education required pursuant to this section shall be related to the practice of social work and shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (1) determining whether a patient is a veteran or family member of a veteran, (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (3) suicide prevention training. Such continuing education shall consist of courses, workshops and conferences offered or approved by the Association of Social Work Boards, the National Association of Social Workers or a school or department of social work accredited by the Council on Social Work Education. [A licensee's ability to engage in on-line and home study continuing education shall be limited to not more than ten hours per registration period. Within the registration period, an initial presentation by a licensee of an original paper, essay or formal lecture in social work to a recognized group of fellow professionals may account for five hours of continuing education hours of the aggregate continuing education requirements prescribed in this section.]

Sec. 5. Subsection (b) of section 20-265b of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from*

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*passage*):

(b) On and after January 1, 2020, each person seeking an initial license as an esthetician shall apply to the department on a form prescribed by the department, accompanied by an application fee of one hundred dollars and evidence that the applicant (1) has completed a course of not less than six hundred hours of study and received a certification of completion from a school approved under section 20-265g or section [20-26] 20-262 or in a school outside of the state whose requirements are equivalent to a school approved under section 20-265g, or (2) (A) if applying before January 1, [2022,] 2025, (i) has practiced esthetics continuously in this state for a period of not less than two years prior to July 1, 2020, or (ii) completed a course of study and received a certificate of completion from a school approved under section 20-265g or section 20-262, and (B) is in compliance with the infection prevention and control plan guidelines prescribed by the department under section 19a-231 in the form of an attestation.

Sec. 6. Subsection (b) of section 20-265d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) On and after October 1, 2020, each person seeking an initial license as a nail technician shall apply to the department on a form prescribed by the department, accompanied by an application fee of one hundred dollars and evidence that the applicant (1) has completed a course of not less than one hundred hours of study and received a certificate of completion from a school approved under section 20-265g or section 20-262 or in a school outside of the state whose requirements are equivalent to a school approved under section 20-265g, or (2) (A) if the applicant is applying on or before January 1, [2022,] 2025, (i) has practiced as a nail technician continuously in this state for a period of not less than two years prior to January 1, 2021, and is in compliance with the infection prevention and control plan guidelines prescribed by the department

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under section 19a-231 in the form of an attestation, or (ii) has received a certificate of completion from a school approved under section 20-265g or section 20-262, or (B) has obtained a license as a nail technician trainee and a statement signed by the applicant's supervisor at the spa or salon where the licensed nail technician trainee is employed documenting completion of the minimum requirements specified in section 20-265e. If an applicant employed as a nail technician on or after September 30, 2020, does not have evidence satisfactory to the commissioner of continuous practice as a nail technician for not less than two years, such applicant may apply to the department for a nail technician trainee license, under section 20-265e, provided such person applies for an initial trainee license not later than January 1, 2021.

Sec. 7. Subsection (b) of section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) [is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B)] has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, [(C)] (B) for applicants applying on or after January 1, 2020, has completed mental health first aid training as part of a program provided by an instructor certified by the National Council

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for Behavioral Health or any other certifying organization with substantially similar certification requirements, as determined by the commissioner, and [(D)] (C) has no pending disciplinary action or unresolved complaint against him or her.

Sec. 8. Subsections (b) to (d), inclusive, of section 19a-181 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(b) Each authorized emergency medical services vehicle used by an emergency medical service organization shall be inspected by the Department of Public Health to verify the authorized emergency medical services vehicle is in compliance with the minimum standards for vehicle design and equipment as prescribed by the Commissioner of Public Health. Such minimum standards shall include, but need not be limited to, the following:

(1) Each ambulance shall meet or exceed the design criteria of the United States General Services Administration's federal specification for the star-of-life ambulance, as described in KKK-A-1822, as amended from time to time, with an exemption for the color scheme and decals of the ambulance;

(2) Each authorized emergency medical service vehicle shall be equipped with the equipment required for its specific vehicle classification as specified in the 2022 Connecticut EMS Minimum Equipment Checklist, as amended from time to time; and

(3) Each authorized emergency medical service vehicle shall comply with all state and federal safety, design and equipment requirements.

(c) Each inspector, upon determining that such authorized emergency medical services vehicle meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall affix a compliance certificate in the rear compartment of such vehicle, in such

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manner and form as said commissioner designates, and such sticker shall be so placed as to be readily visible to any person. The Commissioner of Public Health or the commissioner's designee may inspect any rescue vehicle used by an emergency medical service organization for compliance with the minimum equipment standards prescribed by said commissioner.

[(c)] (d) Each authorized emergency medical services vehicle shall be registered with the Department of Motor Vehicles pursuant to chapter 246. The Department of Motor Vehicles shall not issue a certificate of registration for any such authorized emergency medical services vehicle unless the applicant for such certificate of registration presents to said department a compliance certificate from the Commissioner of Public Health certifying that such authorized emergency medical services vehicle has been inspected and has met the minimum safety and vehicle design equipment standards prescribed by the Commissioner of Public Health. Each vehicle registered with the Department of Motor Vehicles in accordance with this subsection shall be inspected by the Commissioner of Public Health or the commissioner's designee not less than once every two years on or before the anniversary date of the issuance of the certificate of registration.

[(d)] (e) The Department of Motor Vehicles shall suspend or revoke the certificate of registration of any vehicle inspected under the provisions of this section upon certification from the Commissioner of Public Health that such ambulance or rescue vehicle has failed to meet the minimum standards prescribed by said commissioner.

Sec. 9. Section 19a-565 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) As used in this section, ["clinical laboratory" has the same meaning as provided in section 19a-490] "business entity" means a corporation, association, trust, estate, partnership, limited partnership, limited

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liability partnership, limited liability company, sole proprietorship, joint stock company, nonstock corporation, John Dempsey Hospital and The University of Connecticut Health Center.

(b) The Department of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, [to establish reasonable standards governing exemptions from the licensing provisions of this section, clinical laboratory] governing clinical laboratories, blood collection facilities and source plasma donation centers. Such regulations shall establish reasonable standards for entities exempt from licensure as a clinical laboratory, operations and facilities, personnel qualifications and certification, levels of acceptable proficiency in testing programs approved by the department, the collection, acceptance and suitability of specimens for analysis and such other pertinent laboratory functions, including the establishment of advisory committees, as may be necessary to [insure] ensure public health and safety. Such regulations shall include a requirement that a registered nurse or advanced practice registered nurse licensed under chapter 378 be onsite during the hours of operation of a blood collection facility or source plasma donation center. On or before October 1, 2023, the Commissioner of Public Health shall implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until final regulations are adopted in accordance with the provisions of chapter 54.

(c) No person [, firm or corporation] or business entity shall establish, conduct, operate or maintain a clinical laboratory, blood collection facility or source plasma donation center unless such laboratory, facility or center is licensed or approved by said department in accordance with its regulations. Each blood collection facility or plasmapheresis center,

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as defined in section 19a-36-A47 of the regulations of Connecticut state agencies, that is registered with the department on or before October 1, 2023, shall apply to the department for an initial license pursuant to the provisions of this section not later than thirty days after the date that procedures for such licensure are implemented by the department pursuant to subsection (b) of this section. On and after the date on which procedures for licensure are implemented by the department pursuant to the provisions of said subsection, the department shall not renew any blood collection facility or plasmapheresis center registration. Each clinical laboratory, blood collection facility or source plasma donation center shall comply with all standards for [clinical laboratories] such facilities established by the department and shall be subject to inspection by said department, including inspection of all records necessary to carry out the purposes of this section. [The commissioner, or an agent authorized by the commissioner, may conduct any inquiry, investigation or hearing necessary to enforce the provisions of this section or regulations adopted under this section and shall have power to issue subpoenas, order the production of books, records or documents, administer oaths and take testimony under oath relative to the matter of such inquiry, investigation or hearing. At any such hearing ordered by the department, the commissioner or such agent may subpoena witnesses and require the production of records, papers and documents pertinent to such hearing. If any person disobeys such subpoena or, having appeared in obedience thereto, refuses to answer any pertinent question put to such person by the commissioner or such agent or to produce any records and papers pursuant to the subpoena, the commissioner or such agent may apply to the superior court for the judicial district of Hartford or for the judicial district wherein the person resides or wherein the business has been conducted, setting forth such disobedience or refusal and said court shall cite such person to appear before said court to answer such question or to produce such records and papers.]

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~~[(c)]~~ (d) Each initial or renewal application for licensure of a clinical laboratory, [if such laboratory is located within an institution licensed in accordance with sections 19a-490 to 19a-503, inclusive,] blood collection facility or source plasma donation center shall be made [on forms provided by said department] in a form and manner prescribed by the commissioner and shall be executed by the owner or owners or by a responsible officer of the firm or corporation owning [the] such laboratory, [. Such application shall contain a current itemized rate schedule, full disclosure of any contractual relationship, written or oral, with any practitioner using the services of the laboratory and such other information as said department requires, which may include affirmative evidence of ability to comply with the standards as well as a sworn agreement to abide by them. Upon receipt of any such application, said department shall make such inspections and investigations as are necessary and shall deny licensure when operation of the clinical laboratory would be prejudicial to the health of the public. Licensure shall not be in force until notice of its effective date and term has been sent to the applicant] facility or donation center and be accompanied by the fee required pursuant to the provisions of subsection (f) of this section. A mobile or temporary blood collection facility shall not be required to obtain a license if such person or business entity operating such facility is licensed as a blood collection facility. A licensed source plasma donation center shall not be required to obtain a clinical laboratory license to perform any pre-donation screening test required by Title 21, Chapter I of the Code of Federal Regulations. A hospital licensed under chapter 386v shall not be required to obtain a license as a blood collection facility for blood component collection activities that take place on the hospital campus, as defined in section 19a-508c.

(e) After the department receives an initial or renewal application for licensure pursuant to subsection (d) of this section, it shall conduct any inspections or investigations that are deemed necessary by the commissioner to determine the applicant's eligibility for licensure. As a

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condition of licensure, the commissioner may require the applicant to sign a consent order providing reasonable assurances of compliance with federal and state laws and regulations. The commissioner may deny licensure of an applicant if the commissioner determines that the applicant has previously failed to comply with federal and state laws and regulations or that licensure would pose a threat to the health, safety and well-being of the public. Licensure pursuant to the provisions of this section shall not be effective until the applicant receives notice of such licensure, including the effective date and term of such licensure, from the department.

[[d)] (f) A nonrefundable fee of two hundred dollars shall accompany each application for a license or for renewal thereof, except in the case of a clinical laboratory owned and operated by a municipality, the state, the United States or any agency of said municipality, state or United States. Each license shall be issued for a period of not less than twenty-four [nor more than twenty-seven] months. [from the deadline for applications established by the commissioner.] Renewal applications shall be made [(1)] biennially within the [twenty-fourth] twentieth month of the current license. [; (2) before any change in ownership or change in director is made; and (3) prior to any major expansion or alteration in quarters.] Any change in ownership of an entity licensed pursuant to the provisions of this section shall be made in compliance with section 19a-493. If any such entity changes its director, it shall notify the commissioner in a form and manner prescribed by the commissioner. If any such entity intends to expand or alter its facility, it shall notify the commissioner in a form and manner prescribed by the commissioner prior to such expansion or alteration. The licensed clinical laboratory shall report to the Department of Public Health, in a form and manner prescribed by the commissioner, the name and address of each [blood] specimen collection facility owned and operated by the clinical laboratory, prior to the issuance of a new license, prior to the issuance of a renewal license or whenever a [blood] specimen collection

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facility opens or closes.

[(e)] (g) A license issued under this section may be revoked or suspended in accordance with chapter 54 or subject to any other disciplinary action specified in section 19a-17 if [such] the licensed clinical laboratory, blood collection facility or source plasma donation center has engaged in fraudulent practices, fee-splitting inducements or bribes, including, but not limited to, in the case of a clinical laboratory, violations of subsection [(f)] (h) of this section, or violated any other provision of this section or regulations adopted under this section after notice and a hearing is provided in accordance with the provisions of said chapter.

[(f)] (h) No representative or agent of a clinical laboratory shall solicit referral of specimens to his or any other clinical laboratory in a manner which offers or implies an offer of fee-splitting inducements to persons submitting or referring specimens, including inducements through rebates, fee schedules, billing methods, personal solicitation or payment to the practitioner for consultation or assistance or for scientific, clerical or janitorial services.

[(g)] (i) No clinical laboratory, blood collection facility or source plasma donation center shall terminate the employment of an employee because such employee reported a violation of this section to the Department of Public Health.

[(h)] (j) Any person [, firm or corporation] or business entity operating a clinical laboratory, blood collection facility or source plasma donation center in violation of this section shall be fined not less than one hundred dollars or more than three hundred dollars for each offense. For purposes of calculating civil penalties under this section, each day a licensee operates in violation of this section or a regulation adopted under this section shall constitute a separate violation.

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[(i)] (k) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to establish levels of acceptable proficiency to be demonstrated in testing programs approved by the department for those laboratory tests which are not performed in a licensed clinical laboratory. Such levels of acceptable proficiency shall be determined on the basis of the volume or the complexity of the examinations performed.

Sec. 10. Section 12-704i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage and applicable to taxable years commencing on or after January 1, 2022*):

A taxpayer shall be allowed a credit against the tax imposed under this chapter, other than the liability imposed by section 12-707, in the amount of two thousand five hundred dollars for the [birth of a stillborn child] delivery of a fetus born dead for which a fetal death certificate has been filed, provided such child would have been a dependent on such taxpayer's federal income tax return. The credit shall be allowed for the taxable year for which a [stillbirth certificate is issued by the State Vital Records Office of the Department of Public Health] fetal death occurred.

Sec. 11. Subsection (b) of section 19a-7o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(b) A primary care provider shall offer to provide to, or order for, each patient [who was born between 1945 to 1965, inclusive,] eighteen years of age and older, and each pregnant woman a hepatitis C screening test or hepatitis C diagnostic test at the time the primary care provider provides services to such patient, except a primary care provider is not required to offer to provide to, or order for, such patient a hepatitis C screening test or hepatitis C diagnostic test when the primary care provider reasonably believes: (1) Such patient is being treated for a life-threatening emergency; (2) such patient has previously

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been offered or has received a hepatitis C screening test; or (3) such patient lacks the capacity to consent to a hepatitis C screening test.

Sec. 12. Subsection (a) of section 19a-127*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(a) There is established a quality of care program within the Department of Public Health. The [department] Commissioner of Public Health shall develop for the purposes of said program (1) a standardized data set to measure the clinical performance of health care facilities, as defined in section 19a-630, and require such data to be collected and reported periodically to the department, including, but not limited to, data for the measurement of comparable patient satisfaction, and (2) methods to provide public accountability for health care delivery systems by such facilities. The [department] commissioner shall develop such set and methods for [hospitals during the fiscal year ending June 30, 2003, and the committee established pursuant to subsection (c) of this section shall consider and may recommend to the joint standing committee of the General Assembly having cognizance of matters relating to public health the inclusion of other health care facilities in each subsequent year] health care facilities and may revise such sets and methods as necessary, as determined by the commissioner. The commissioner shall consult with an association of hospitals in the state on the scope and timing of the data reporting requirements described in this section to reduce the administrative burden on hospitals in producing and disclosing such data. Data collected pursuant to the provisions of this section shall not include personally identifiable information of patients.

Sec. 13. Subsections (a) and (b) of section 19a-112*j* of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(a) There is established a Commission on Community Gun Violence Intervention and Prevention to advise the Commissioner of Public Health on the development of evidence-based, evidenced-informed, community-centric gun programs and strategies to reduce community gun violence in the state. The commission shall be within the Department of Public Health for administrative purposes only.

(b) The commission shall be composed of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom shall be a representative of the Connecticut Hospital Association and one of whom shall be a representative of Compass Youth Collaborative;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a representative of the Connecticut Violence Intervention Program and one of whom shall be a representative of the Regional Youth Adult Social Action Partnership;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a representative of Hartford Communities That Care, Inc. and one of whom shall be a representative of CT Against Gun Violence;

(4) Two appointed by the majority leader of the Senate, one of whom shall be a representative of Project Longevity and one of whom shall be a representative of Saint Francis Hospital and Medical Center;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of Yale New Haven Hospital;

(6) One appointed by the minority leader of the Senate, who shall be a representative of Hartford Hospital;

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(7) One appointed by the House chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a representative of the Greater Bridgeport Area Prevention Program;

(8) One appointed by the Senate chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a representative of a community gun violence reduction program;

(9) One appointed by the executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, who shall be a representative of the Health Alliance for Violence Intervention;

(10) Two appointed by the Commissioner of Public Health;

(11) Two appointed by the Governor, one of whom shall be a member of the faculty at an academic institution and have experience in gun violence prevention and one of whom is an advocate for survivors of violent crime;

(12) One appointed by the minority leader of the House of Representatives, who shall be employed as the highest-ranking professional police officer of an organized police department of a municipality within the state;

(13) One appointed by the minority leader of the Senate, who shall be a youth representative of a group that advocates on behalf of justice-involved youth;

(14) The Commissioner of Public Health;

(15) The Commissioner of Children and Families, or the commissioner's designee;

(16) The Commissioner of Social Services, or the commissioner's

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designee; [and]

(17) The Commissioner of Education, or the commissioner's designee;

[(17)] (18) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee;

(19) One appointed by the House ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a municipal police chief; and

(20) One appointed by the Senate ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a local director of health.

Sec. 14. Section 19a-332a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The commissioner, within available appropriations, and after consultation with the Labor Commissioner, shall adopt regulations in accordance with the provisions of chapter 54 to administer the provisions of sections 19a-332 to 19a-332c, inclusive. Such regulations shall include, but need not be limited to, the following: (1) Standards for the proper performance of asbestos abatement; (2) procedures for enforcement action; (3) procedures for inspection of asbestos abatement by employees of the department; (4) minimum standards for completion of asbestos abatement projects.

(b) On and after the effective date of any regulations adopted pursuant to this section, no person shall engage in asbestos abatement without following the provisions of sections 19a-332 to 19a-332c, inclusive, and such regulations.

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(c) The commissioner shall prescribe electronic reporting requirements and develop a data collection system to monitor compliance with the regulations adopted pursuant to subsection (a) of this section.

[(c) Notwithstanding any regulations to the contrary, the] (d) The Commissioner of Public Health shall charge the following fees for the services of the department in connection with asbestos abatement: (1) Notification of abatement, less than one hundred sixty square feet, one hundred dollars; (2) notification of abatement, one hundred sixty square feet or greater, one hundred dollars plus one per cent of the total abatement cost, up to a maximum of five thousand dollars; (3) reinspections, one hundred dollars; (4) asbestos alternative work practice review, two hundred dollars; and (5) notice of demolition activities, fifty dollars.

Sec. 15. Section 20-440 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to administer the provisions of subsection (c) of section 19a-14, sections 19a-332 and 20-435 to 20-441, inclusive. Such regulations shall include, but not be limited to, the following: (1) Passing scores for licensure examination of asbestos consultants; (2) standards for the licensing of asbestos contractors and asbestos consultants; (3) standards for approval of training programs of asbestos abatement and asbestos consultation services under section 20-439, including standards for successful completion of such programs; (4) standards and procedures for suspension and revocation of certification of asbestos consultants, asbestos abatement workers and asbestos abatement supervisors; and (5) standards and procedures for suspension and withdrawal of approval of training programs.

(b) The regulations required under subsection (a) of this section shall

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be revised, as necessary, to ensure that such regulations meet or exceed the requirements of the United States Environmental Protection Agency's model accreditation plan in accordance with federal regulations, as from time to time amended. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until final regulations are adopted in accordance with the provisions of chapter 54.

Sec. 16. Section 20-478 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to administer the provisions of sections 20-475 and 20-476. Such regulations shall include, but not be limited to, the following: (1) Standards for licensure of lead abatement contractors and lead consultant contractors; (2) passing scores for certification examinations of lead inspectors, lead inspector risk assessors and lead abatement supervisors; and (3) standards for certification of lead inspectors, lead inspector risk assessors, lead planner-project designers, lead abatement supervisors and lead abatement workers. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until final regulations are adopted in accordance with the provisions of chapter 54.

Sec. 17. Subsections (a) to (n), inclusive, of section 25-32 of the general statutes are repealed and the following is substituted in lieu thereof

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*(Effective from passage):*

(a) The Department of Public Health shall have jurisdiction over all matters concerning the purity and adequacy of any water supply source (1) used by, or (2) on and after July 1, 2024, for which the right to use the water supply source for future or emergency use is held by, any municipality, public institution or water company for obtaining water, the safety of any distributing plant and system for public health purposes, the adequacy of methods used to assure water purity, and such other matters relating to the construction and operation of such distributing plant and system as may affect public health.

(b) No water company shall sell, lease, assign or otherwise dispose of or change the use of any watershed lands, except as provided in section 25-43c, without a written permit from the Commissioner of Public Health. The commissioner shall not grant: (1) A permit for the sale of class I land, except as provided in subsection (d) of this section, (2) a permit for the lease of class I land except as provided in subsection (p) of this section, or (3) a permit for a change in use of class I land unless the applicant demonstrates that such change will not have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply and is consistent with any water supply plan filed and approved pursuant to section 25-32d. The commissioner may reclassify class I land only upon determination that such land no longer meets the criteria established by subsection (a) of section 25-37c because of abandonment of a water supply source or a physical change in the watershed boundary. Not more than fifteen days before filing an application for a permit under this section, the applicant shall provide notice of such intent, by certified mail, return receipt requested, to the chief executive officer and the chief elected official of each municipality in which the land is situated.

(c) The commissioner may grant a permit for the sale, lease, assignment or change in use of any land in class II subject to any

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conditions or restrictions in use which the commissioner may deem necessary to maintain the purity and adequacy of the public drinking water supply, giving due consideration to: (1) The creation and control of point or nonpoint sources of contamination; (2) the disturbance of ground vegetation; (3) the creation and control of subsurface sewage disposal systems; (4) the degree of water treatment provided; (5) the control of watershed land by the applicant through ownership, easements or use restrictions or other water supply source protection measures; (6) the effect of development of any such land; and (7) any other significant potential source of contamination of the public drinking water supply. The commissioner may grant a permit for the sale, lease or assignment of class II land to another water company, municipality or nonprofit land conservation organization provided, as a condition of approval, a permanent conservation easement on the land is entered into to preserve the land in perpetuity predominantly in its natural scenic and open condition for the protection of natural resources and public water supplies while allowing for recreation consistent with such protection and improvements necessary for the protection or provision of safe and adequate potable water. Preservation in perpetuity shall not include permission for the land to be developed for any commercial, residential or industrial uses, nor shall it include permission for recreational purposes requiring intense development, including, but not limited to, golf courses, driving ranges, tennis courts, ballfields, swimming pools and uses by motorized vehicles other than vehicles needed by water companies to carry out their purposes, provided trails or pathways for pedestrians, motorized wheelchairs or nonmotorized vehicles shall not be considered intense development. The commissioner may reclassify class II land only upon determination that such land no longer meets the criteria established by subsection (b) of section 25-37c because of abandonment of a water supply source or a physical change in the watershed boundary.

(d) The commissioner may grant a permit for (1) the sale of class I or

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II land to another water company, to a state agency or to a municipality, (2) the sale of class II land or the sale or assignment of a conservation restriction or a public access easement on class I or class II land to a private, nonprofit land-holding conservation organization, or (3) the sale of class I land to a private nonprofit land-holding conservation organization if the water company is denied a permit to abandon a source not in current use or needed by the water company pursuant to subsection (c) of section 25-33k, if the purchasing entity agrees to maintain the land subject to the provisions of this section, any regulations adopted pursuant to this section and the terms of any permit issued pursuant to this section. Such purchasing entity or assignee may not sell, lease or assign any such land or conservation restriction or public access easement or sell, lease, assign or change the use of such land without obtaining a permit pursuant to this section.

(e) The commissioner shall not grant a permit for the sale, lease, assignment or change in use of any land in class II unless (1) use restrictions applicable to such land will prevent the land from being developed, (2) the applicant demonstrates that the proposed sale, lease, assignment or change in use will not have a significant adverse impact upon the purity and adequacy of the public drinking water supply and that any use restrictions which the commissioner requires as a condition of granting a permit can be enforced against subsequent owners, lessees and assignees, (3) the commissioner determines, after giving effect to any use restrictions which may be required as a condition of granting the permit, that such proposed sale, lease, assignment or change in use will not have a significant adverse effect on the public drinking water supply, whether or not similar permits have been granted, and (4) on or after January 1, 2003, as a condition to the sale, lease or assignment of any class II lands, a permanent conservation easement on the land is entered into to preserve the land in perpetuity predominantly in its natural scenic and open condition for the protection of natural resources and public water supplies while allowing for recreation consistent with

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such protection and improvements necessary for the protection or provision of safe and adequate potable water, except in cases where the class II land is deemed necessary to provide access or egress to a parcel of class III land, as defined in section 25-37c, that is approved for sale. Preservation in perpetuity shall not include permission for the land to be developed for any commercial, residential or industrial uses, nor shall it include permission for recreational purposes requiring intense development, including, but not limited to, golf courses, driving ranges, tennis courts, ballfields, swimming pools and uses by motorized vehicles other than vehicles needed by water companies to carry out their purposes, provided trails or pathways for pedestrians, motorized wheelchairs or nonmotorized vehicles shall not be considered intense development.

(f) Nothing in this section shall prevent the lease or change in use of water company land to allow for recreational purposes that do not require intense development or improvements for water supply purposes, for leases of existing structures, or for radio towers or telecommunications antennas on existing structures. For purposes of this subsection, intense development includes golf courses, driving ranges, tennis courts, ballfields, swimming pools and uses by motorized vehicles, provided trails or pathways for pedestrians, motorized wheelchairs or nonmotorized vehicles shall not be considered intense development.

(g) As used in this section, (1) "water supply source" includes all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or underground waters from which water is or, on and after July 1, 2024, may be taken, and all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or aquifer protection areas, as defined in section 22a-354h, thereto and all lands drained thereby; and (2) "watershed land" means land from which water drains into a public drinking water supply.

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(h) The commissioner shall adopt and from time to time may amend the following: (1) Physical, chemical, radiological and microbiological standards for the quality of public drinking water; (2) minimum treatment methods, taking into account the costs of such methods, required for all sources of drinking water, including guidelines for the design and operation of treatment works and water sources, which guidelines shall serve as the basis for approval of local water supply plans by the commissioner; (3) minimum standards to assure the long-term purity and adequacy of the public drinking water supply to all residents of this state; and (4) classifications of water treatment plants and water distribution systems which treat or supply water used or intended for use by the public. On or after October 1, 1975, any water company which requests approval of any drinking water source shall provide for such treatment methods as specified by the commissioner, provided any water company in operation prior to October 1, 1975, and having such source shall comply with regulations adopted by the commissioner, in accordance with chapter 54, in conformance with The Safe Drinking Water Act, Public Law 93-523, and shall submit on or before February 1, 1976, a statement of intent to provide for treatment methods as specified by the commissioner, to the commissioner for approval. The commissioner shall adopt regulations, in accordance with chapter 54, requiring water companies to report elevated levels of copper in public drinking water.

(i) The department may perform the collection and testing of water samples required by regulations adopted by the commissioner pursuant to this section, in accordance with chapter 54, when requested to do so by a water company. The department shall collect a fee equal to the cost of such collection and testing. Water companies serving one thousand or more persons shall not request routine bacteriological or physical tests under this subsection.

(j) The condemnation by a state department, institution or agency of

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any land owned by a water company shall be subject to the provisions of this section.

(k) The commissioner may issue an order declaring a moratorium on the expansion or addition to any existing public water system that the commissioner deems incapable of providing new services with a pure and adequate water supply.

(l) The commissioner may issue, modify or revoke orders as needed to carry out the provisions of this part. Except as otherwise provided in this part, such order shall be issued, modified or revoked in accordance with procedures set forth in subsection (b) of section 25-34.

(m) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to include local health departments in the notification process when a water utility reports a water quality problem.

(n) (1) On and after the effective date of regulations adopted under this subsection, no person may operate any water treatment plant, water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, or perform a cross connection survey without a certificate issued by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators of such water treatment plants, water distribution systems and small water systems, including, but not limited to, standards and procedures for the department's approval of third parties to administer certification examinations to such operators; (C) procedures for the renewal of such certificates every three years; (D) standards for training required for the issuance or renewal of a certificate; (E) standards and procedures for the

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department's approval of course providers and courses of study as they relate to certified operators of water treatment plants, water distribution systems and small water systems and certified persons who test backflow prevention devices or perform cross connection surveys for initial and renewal applications; and (F) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall be consistent with applicable federal law and guidelines for operator certification programs promulgated by the United States Environmental Protection Agency. For purposes of this subsection, "small water system" means a public water system, as defined in section 25-33d, that serves less than one thousand persons and has no treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(2) The commissioner may take any disciplinary action set forth in section 19a-17, except for the assessment of a civil penalty under subdivision (7) of subsection (a) of section 19a-17, against an operator, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's professional activities; (C) incompetent, negligent or illegal performance of the certified operator's professional activities; (D) conviction of the certified operator for a felony; or (E) failure of the certified operator to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner,

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together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, two hundred twenty-four dollars, except there shall be no such application fee required for a student enrolled in an accredited high school small water system operator certification course; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date. The commissioner may renew a certificate for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

Sec. 18. (NEW) (*Effective July 1, 2023*) If a pharmacist or health care professional who is currently licensed or was previously licensed in another state or jurisdiction is subject to automatic reciprocal discipline for a disciplinary action in such state or jurisdiction, such automatic reciprocal discipline shall be automatically rescinded and shall not be entered into the licensing record of the pharmacist or health care professional if the discipline was based solely on the termination of pregnancy under conditions that would not violate the general statutes or the regulations of Connecticut state agencies. The provisions of this section shall not preclude or affect the ability of an agency or board of the state to seek or impose any discipline pursuant to the general statutes against a pharmacist or other health care professional licensed by the state.

Sec. 19. Section 22a-474c of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than January 1, [2023] 2024, each local health district and health department shall establish an electronic reporting system for the owner of any home or well that is damaged as the direct result of sodium chloride run-off to register such damage with the local health district or health department. Not later than January 1, [2024] 2025, and each year thereafter, each local health district and health department shall submit any report received pursuant to this section during the previous calendar year to the Office of Policy and Management. The Secretary of the Office of Policy and Management may identify any available state or federal financial resources to assist such owners with the costs of remediation, mitigation or repair of such homes or wells and establish any criteria and procedures for the issuance of any such financial assistance to such owners.

(b) Any (1) testing results originating due to a report submitted pursuant to subsection (a) of this section provided to the Department of Public Health, Office of Policy and Management or a local health district or health department, (2) information obtained from a Department of Public Health or a local health district or health department investigation concerning such results, and (3) study of morbidity and mortality conducted by the Department of Public Health or a local health district or health department concerning such results shall be confidential pursuant to the provisions of section 19a-25.

Sec. 20. Subdivision (4) of section 20-265a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(4) "Esthetics" means services related to skin care treatments, (A) including, but not limited to, cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to

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enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted hair using manual and mechanical means, and (B) excluding the use of a prescriptive laser device; the performance of a cosmetic medical procedure, as defined in section 19a-903c; any practice, activity or treatment that constitutes the practice of medicine; eyebrow threading as a means of shaping and removing unwanted hair on the face and around the eyebrows; makeup application at a rented kiosk located in a shopping center or the practice of hairdressing and cosmetology by a hairdresser and cosmetician licensed pursuant to this chapter that is within such licensee's scope of practice;

Sec. 21. Section 7-60 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

[(a) Each case of fetal death shall be registered and] (a) As used in this section, "fetal death" means the death of a fetus prior to the complete expulsion or extraction from the uterus, irrespective of the duration of pregnancy, in which there is no evidence of life after such expulsion or extraction, including, but not limited to, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. "Fetal death" does not include an induced termination of a pregnancy.

(b) For each fetal death occurring after a period of gestation of not less than twenty weeks, a fetal death certificate shall be filed with the registrar of vital statistics in the manner required by sections 7-48 [.] and 7-51 [and 7-52] with respect to the filing, content and issuance of birth certificates. [A fetus born after a period of gestation of not less than twenty weeks in which there is no attempt at respiration, no action of heart and no movement of voluntary muscle, shall be recorded as a fetal death.] A fetal death certificate shall be signed by a physician or, when no physician was in attendance, by the nurse-midwife in attendance at the birth, the Chief Medical Examiner, Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical

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examiner. The provisions of this subsection shall not apply to a father or mother when a birth occurs outside an institution and a physician or midwife is not in attendance at such birth, as described in subsection (c) of section 7-48.

[(b)] (c) Such certificate shall include, on a confidential portion of the certificate, any additional information required by the department, provided the information obtained under this section shall be used only for medical and health purposes.

Sec. 22. Subsection (a) of section 19a-403 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Office of the Chief Medical Examiner is established to be operated under the control and supervision of the commission. The expenses of the commission and of operating said office shall be paid by the state out of funds appropriated for the purpose. The office shall be directed by a Chief Medical Examiner who shall be appointed by the commission. [His] The office shall be located at a medical school in this state. The Chief Medical Examiner or any member of the professional staff of the Office of the Chief Medical Examiner who is summoned to give expert testimony in a civil action in his or her capacity as the Chief Medical Examiner or a member of the office shall be allowed and paid a witness fee of five hundred dollars for each day or portion thereof the Chief Medical Examiner or such staff member is required to attend court. Such fee shall be taxed as a part of the costs of the action and be paid by the party requesting the appearance, and any such fee received shall be deposited in the General Fund except no fee shall be imposed if the requesting party is the state.

Sec. 23. Section 19a-404 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

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The Chief Medical Examiner shall be a citizen of the United States and a doctor of medicine licensed to practice medicine in Connecticut and shall have had a minimum of four years postgraduate training in pathology, board certification in forensic pathology from the American Board of Pathology and such additional subsequent experience in forensic pathology as the commission may determine, provided any person otherwise qualified who is not licensed to so practice may be appointed Chief Medical Examiner, provided he or she obtains such a license within one year of his or her appointment. The Commission on Medicolegal Investigations shall submit recommendations concerning the Chief Medical Examiner's salary and annual increments to such salary to the Commissioner of Administrative Services for review and approval pursuant to section 4-40. The Chief Medical Examiner's term of office shall be fixed by the commission and the Chief Medical Examiner may be removed by the commission only for cause. Under the direction of the commission, the Chief Medical Examiner shall prepare for transmission to the Secretary of the Office of Policy and Management as required by law estimates of expenditure requirements. The Chief Medical Examiner shall account to the State Treasurer for all fees and moneys received and expended by him or her by virtue of his or her office. The Chief Medical Examiner may as part of his or her duties teach medical and law school classes, conduct special classes for police investigators and engage in other activities related to the work of the office to such extent and on such terms as may be authorized by the commission. On and after January 1, 2022, the Chief Medical Examiner shall earn at least one contact hour of training or education in sudden unexpected death in epilepsy as part of the continuing medical education he or she is required to obtain pursuant to section 20-10b. As used in this section, "sudden unexpected death in epilepsy" means the death of a person with epilepsy that is not caused by injury, drowning or other known causes unrelated to epilepsy.

Sec. 24. Section 19a-405 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2023*):

The Chief Medical Examiner, with the approval of the Commission on Medicolegal Investigations, shall appoint a deputy who shall perform all the duties of the Chief Medical Examiner in case of [his or her] the Chief Medical Examiner's sickness or absence and such associate medical examiners, assistant medical examiners, pathologists, toxicologists, laboratory technicians and other professional staff as the commission may specify. The commission in advance of appointments shall specify the qualifications required for each position in terms of education, experience and other relevant considerations. The commission shall submit recommendations concerning (1) the Deputy Chief Medical Examiner's salary and annual increments to such salary, and (2) the salaries and compensation of other professional staff to the Commissioner of Administrative Services for review and approval pursuant to section 4-40. The Chief Medical Examiner, the Deputy Chief Medical Examiner, associate medical examiners, and assistant medical examiners shall take the oath provided by law for public officers. Other staff members as determined by the commission shall be appointed by the Chief Medical Examiner, subject to the provisions of chapter 67 and the rules of the commission not inconsistent therewith.

Sec. 25. Section 19a-409 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

The Office of the Chief Medical Examiner shall complete its investigation where reasonably possible within thirty days. Upon completion of the investigation, the Chief Medical Examiner, Deputy Chief Medical Examiner, an associate medical examiner, an authorized assistant medical examiner or a pathologist designated by the Chief Medical Examiner shall file a death certificate, or a certificate supplementing that already filed, with the registrar of vital statistics for the town in which the death occurred, if known, or, if not known, for the town in which the body was found. If the deceased is unidentified,

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fingerprints, [of both hands and a photograph of the body,] provided mortification has not proceeded so far or the nature of the cause of death was not such as to make identification impossible, shall be sent by said office to [such registrar of vital statistics and copies shall be sent to the Department of Public Health and to] the Division of State Police within the Department of Emergency Services and Public Protection.

Sec. 26. Section 19a-36j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2024*):

(a) [On and after January 1, 2023, no] No person shall engage in the practice of a food inspector unless such person has obtained a certification from the commissioner in accordance with the provisions of this section. The commissioner shall develop a training and verification program for food inspector certification that shall be administered by the food inspection training officer at a local health department.

(1) Each person seeking certification as a food inspector shall submit an application to the department on a form prescribed by the commissioner and present to the department satisfactory evidence that such person (A) [is sponsored by the director of health in the jurisdiction in which the applicant is employed to conduct food inspections, (B)] possesses a bachelor's degree or three years of experience in a regulatory food protection program, [(C)] (B) has successfully completed a training and verification program [, (D)] prescribed by the commissioner, and (C) has successfully completed the field standardization inspection prescribed by the commissioner, [, and (E) is not involved in the ownership or management of a food establishment located in the applicant's jurisdiction.

(2) Each director of health sponsoring an applicant for certification as a food inspector shall submit to the commissioner a form documenting the applicant's qualifications and successful completion of the

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requirements described in subdivision (1) of this subsection.]

[(3)] (2) Certifications issued under this section shall be subject to renewal once every three years. A food inspector applying for renewal of his or her certification shall demonstrate successful completion of twenty contact hours in food protection training, as approved by the commissioner, and reassessment by the food inspection training officer.

(b) No person shall be employed as a certified food inspector if such person, such person's immediate family, as defined in section 1-79, or a business with which such person is associated, as described in subdivision (2) of section 1-79, (1) has any financial or ownership interest in a food establishment located in the jurisdiction in which such person is employed as a food inspector, (2) engages in any business, employment or management of a food establishment located in such jurisdiction, or (3) owns the property on which a food establishment is located in such jurisdiction.

(c) Each director of health employing a food inspector shall certify, on a form prescribed by the commissioner, that such food inspector is not prohibited from employment as a food inspector pursuant to the provisions of subsection (b) of this section.

[(b)] (d) A certified food inspector shall conduct an inspection of a food establishment in a form and manner prescribed by the commissioner to determine compliance with the food code. The director of health shall ensure all food establishments are inspected at a frequency determined by their risk classification. Such director of health shall evaluate the food establishment's risk classification on an annual basis to determine accuracy. More frequent inspections may be conducted to ensure compliance with the food code. Each food establishment classification shall be inspected pursuant to the following schedule:

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(1) Class 1 food establishments shall be inspected at intervals not to exceed three hundred sixty days.

(2) Class 2 food establishments shall be inspected at intervals not to exceed one hundred eighty days.

(3) Class 3 food establishments shall be inspected at intervals not to exceed one hundred twenty days.

(4) Class 4 food establishments shall be inspected at intervals not to exceed ninety days.

(5) Temporary food service establishments shall be inspected prior to the issuance of a permit to operate and as often as necessary to ensure compliance with the food code.

Sec. 27. (NEW) (*Effective from passage*) The Commissioner of Public Health may conduct audits of local health department food protection programs. Such audits may include, but need not be limited to, interviews with local health department staff members and joint inspections with local health department staff members of local food establishments. Upon the conclusion of any such audit, the Commissioner of Public Health shall provide the local director of health with a report detailing such audit's findings and any recommended or necessary corrective actions to be taken by such director.

Sec. 28. Section 19a-109aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) For purposes of this section:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Eligible families" means any household which (A) is eligible for the federal Medicaid program, (B) includes a child who is six years of age or younger, [as of July 1, 2000,] and (C) is residing in a building built

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prior to 1978; and

(3) "The program" or "this program" means the program established by this section.

(b) The Commissioner of Public Health may establish a program to promote environmentally safe housing for children and families through education, medical screening and appropriate and cost-effective repairs. Such program may (A) identify eligible families and, through voluntary home visits, provide education about the problems caused by exposure to lead and how to avoid or lessen the effects of such exposure, (B) provide blood lead screening for children who are six years of age or younger, (C) identify measures to be taken to lessen the effects from the presence of lead, including window repair or replacement, and (D) apply to federal programs and to other funding sources which will pay for some of the costs of this program. [, and (E) continue to evaluate the program's progress in order to plan for a phase-out in three to five years.] The commissioner may contract with a nonprofit entity to operate the program.

(c) Eligible costs by a nonprofit entity operating this program shall include costs and expenses incurred in providing lead-safety education, interim measures and window repair or replacement or other remediation for dwelling units, administrative and management expenses, planning and start-up costs, and any other costs and expenses found by the commissioner to be necessary and reasonable and in accordance with existing state regulations.

Sec. 29. Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) As used in this section, and sections 19a-110a to 19a-111k, inclusive, as amended by this act:

(1) "Abatement" means any set of measures designed to reduce or

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eliminate lead hazards, including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean-up, disposal and reoccupancy clearance testing;

(2) "Epidemiological investigation" means an examination and evaluation by a lead inspector certified under chapter 400c to determine the cause of elevated blood levels, detect lead-based paint and report findings and (A) includes (i) an on-site inspection and, if applicable, an inspection of other dwellings or areas frequented by a person with elevated blood lead levels that may be the source of a lead hazard, and (ii) an evaluation of other potential sources of lead hazards, including, but not limited to, drinking water, soil, dust, pottery, gasoline, toys or occupational exposure, and (B) may include isotopic analysis of lead-containing items;

(3) "Lead screening" means a blood lead test from a finger-prick or venous blood draw;

(4) "On-site inspection" means an examination of a residential dwelling to identify lead hazards, including, but not limited to, an examination of the dwelling for deteriorating paint, lead dust, bare soil near the perimeter of the dwelling, household items that may present a potential lead risk, such as toys, cookware, food products and cosmetics, and an inquiry into the water system serving the dwelling;

(5) "Remediation" means the process of remedying a lead hazard condition, including, but not limited to, investigation, abatement and, if appropriate, ongoing management measures; and

(6) "Risk assessment" means the collection of information about a person's potential lead exposures and a determination of whether such person has an increased likelihood of an elevated blood lead level.

[(a)] (b) Not later than forty-eight hours after receiving or completing

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a report of a person found to have a level of lead in the blood equal to or greater than three and one-half micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, as amended by this act, and each clinical laboratory licensed under section 19a-565, as amended by this act, shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city, borough or district in which the person resides: (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than three and one-half micrograms per deciliter of blood or any other abnormal body burden of lead; (B) the name, address and telephone number of the health care provider who ordered the test; (C) the sample collection date, analysis date, type and blood lead analysis result; and (D) such other information as the commissioner may require, in a form and manner as prescribed by the commissioner, and (2) the health care provider who ordered the test, the results of the test. With respect to a child under three years of age, not later than [seventy-two] twenty-four hours after the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing such report to the Commissioner of Public Health or to the director of health. The commissioner [, after consultation with the Commissioner of Administrative Services,] shall determine the [method and format] form and manner of transmission of data contained in such report.

[(b)] (c) Each institution or laboratory that [conducts] reports lead testing pursuant to [subsection (a) of] this section shall, at least monthly, submit to the Commissioner of Public Health a comprehensive report that includes: (1) The name, full residence address, date of birth, gender, race and ethnicity of each person tested pursuant to subsection [(a)] (b) of this section regardless of the level of lead in the blood; (2) the name,

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address and telephone number of the health care provider who ordered the test; (3) the sample collection date, analysis date, type and blood lead analysis result; (4) laboratory identifiers; and (5) such other information as the Commissioner of Public Health may require. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing such report to the Commissioner of Public Health. The Commissioner of Public Health [, after consultation with the Commissioner of Administrative Services,] shall determine the [method and format] form and manner of transmission of data contained in such report.

[(c)] (d) Whenever an institutional laboratory or private clinical laboratory [conducting] reporting blood lead tests pursuant to this section refers a blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with subsections [(a) and] (b) and (c) of this section, but both laboratories shall be accountable to ensure that reports are made. The referring laboratory shall ensure that the requisition slip includes all of the information that is required in subsections [(a) and] (b) and (c) of this section and that this information is transmitted with the blood specimen to the laboratory performing the analysis.

[(d)] The director of health of the town, city, borough or district shall provide or cause to be provided, to the parent or guardian of a child who is (1) known to have a confirmed venous blood lead level of three and one-half micrograms per deciliter of blood or more, or (2) the subject of a report by an institution or clinical laboratory, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248i, inclusive, and laws and regulations concerning lead abatement. The director of health need only provide, or cause to be provided, such information to such parent

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or guardian on one occasion after receipt of an initial report of an abnormal blood lead level as described in subdivisions (1) and (2) of this subsection. Such information shall be developed by the Department of Public Health and provided to each local and district director of health.

(e) Prior to January 1, 2024, with respect to the child reported, the director shall conduct an on-site inspection to identify the source of the lead causing a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter but less than fifteen micrograms per deciliter in two tests taken at least three months apart and order remediation of such source by the appropriate persons responsible for the conditions at such source. From January 1, 2024, to December 31, 2024, inclusive, with respect to the child reported, the director shall conduct an on-site inspection to identify the source of the lead causing a confirmed venous blood lead level equal to or greater than five micrograms per deciliter but less than ten micrograms per deciliter in two tests taken at least three months apart and order remediation of such source by the appropriate persons responsible for the conditions at such source.]

Sec. 30. Section 19a-110a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Commissioner of Public Health may, within available appropriations, establish two regional lead poisoning treatment centers in different areas of the state by providing grants-in-aid to two participating hospitals, each with a demonstrated expertise in lead poisoning prevention and treatment as determined by the commissioner. Each center shall serve a designated area of the state, as determined by the commissioner, to provide services including, but not limited to, consultation services for [physicians] pediatricians and other primary care practitioners regarding proper treatment of lead poisoning [No grant may be provided pursuant to this section until the task force report required under section 4 of public act 92-192 has been submitted]

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in children.

(b) Each regional lead poisoning treatment center shall report to the commissioner on a quarterly basis, in a form and manner prescribed by the commissioner, regarding the number of persons treated for lead poisoning, the residential town and race and ethnicity data for each such person and any other information that the commissioner may require.

Sec. 31. Section 19a-111 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Commissioner of Public Health shall develop informational materials describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248i, inclusive, laws and regulations concerning lead abatement and any other information as prescribed by the commissioner. The director of health of the town, city, borough or district shall provide, or cause to be provided, such informational materials to the parent or guardian of a child who is (1) known to have a blood lead level of three and one-half micrograms per deciliter of blood or more, or (2) the subject of a report by an institution or clinical laboratory, pursuant to section 19a-110, as amended by this act. The director of health need only provide, or cause to be provided, such information to such parent or guardian on one occasion after receipt of an initial report of an abnormal blood lead level as described in section 19a-110, as amended by this act.

(b) Upon receipt of each report of a child with a blood lead level (1) equal to or greater than ten micrograms per deciliter but less than fifteen micrograms per deciliter on or before January 1, 2024, and (2) equal to or greater than five micrograms per deciliter but less than ten micrograms per deciliter from January 1, 2024, to December 31, 2024, inclusive, the director shall conduct an on-site inspection to identify the source of the lead causing such blood lead level and order remediation

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of such source by the appropriate persons responsible for the conditions at such source.

(c) Upon receipt of each report of [confirmed venous] a blood lead level equal to or greater than fifteen micrograms per deciliter of blood from January 1, 2023, to December 31, 2023, inclusive, ten micrograms per deciliter of blood from January 1, 2024, to December 31, 2024, inclusive, and five micrograms per deciliter of blood on and after January 1, 2025, the local director of health shall make or cause to be made an epidemiological investigation of the source of the lead causing the increased lead level or abnormal body burden and shall order action to be taken by the appropriate person responsible for the condition that brought about such lead poisoning as may be necessary to prevent further exposure of persons to such poisoning. In the case of any residential unit where such action will not result in removal of the hazard within a reasonable time, the local director of health shall utilize such community resources as are available to effect relocation of any family occupying such unit. The local director of health may permit occupancy in said residential unit during abatement if, in such director's judgment, occupancy would not threaten the health and well-being of the occupants.

(d) The local director of health shall, not later than thirty days after the conclusion of such director's epidemiological investigation, report to the [Commissioner of Public Health] commissioner, using a web-based surveillance system as prescribed by the commissioner, the result of such investigation and the action taken to ensure against further lead poisoning from the same source, including any measures taken to effect relocation of families. Such report shall include information relevant to the identification and location of the source of lead poisoning and such other information as the commissioner may require pursuant to regulations adopted in accordance with the provisions of chapter 54. [The commissioner shall maintain comprehensive records of all reports

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submitted pursuant to this section and section 19a-110. Such records shall be geographically indexed in order to determine the location of areas of relatively high incidence of lead poisoning. The commissioner shall establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control and Prevention for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy.] Nothing in this section shall be construed to prohibit a local building official from requiring abatement of sources of lead or to prohibit a local director of health from making or causing to be made an epidemiological investigation upon receipt of a report of a [confirmed venous] blood lead level that is less than the minimum [venous] blood level specified in this section.

Sec. 32. Section 19a-111a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Department of Public Health shall be the lead state agency for lead poisoning prevention and control in this state. The Commissioner of Public Health shall (1) identify the state and local agencies in this state with responsibilities related to lead poisoning prevention, and (2) schedule a meeting of such state agencies and representative local agencies at least once annually in order to coordinate lead poisoning prevention efforts in this state.

(b) The commissioner shall establish, in consultation with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control and Prevention's guidelines for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals, including children with lead poisoning and persons who are pregnant or are planning to become pregnant.

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~~[(b)]~~ (c) The commissioner shall establish a lead poisoning prevention program to provide screening, diagnosis, consultation, inspection and treatment services, including, but not limited to, the prevention and elimination of lead poisoning through research, abatement, education and epidemiological and clinical activities. Such program shall include, but need not be limited to, the screening services provided pursuant to section 19a-111g, as amended by this act.

(c) ~~(d)~~ Within available appropriations, the commissioner may contract with individuals, groups or agencies for the provision of necessary services and enter into assistance agreements with municipalities, cities, boroughs or district departments of health or special service districts for the development and implementation of comprehensive lead poisoning prevention programs consistent with the provisions of sections 19a-110 to 19a-111c, inclusive, as amended by this act.

(e) The commissioner shall maintain comprehensive records of all reports submitted pursuant to sections 19a-110, as amended by this act, and 19a-111, as amended by this act. Such records shall be geographically indexed for the purpose of determining the location of areas of relatively high incidences of lead poisoning.

Sec. 33. Section 19a-111b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

Within the lead poisoning prevention program established pursuant to section 19a-111a, as amended by this act:

(1) The commissioner shall institute an educational and publicity program in order to inform the general public, teachers, social workers and other human services personnel; [owners of] residential property owners, and in particular, those that own buildings constructed prior to [1950] 1978; and health [services personnel] care providers of the

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danger, frequency and sources of lead poisoning and methods of preventing such poisoning;

(2) The commissioner shall establish an early diagnosis program to detect cases of lead poisoning. Such program shall include, but not be limited to, the routine examination of children under the age of six in accordance with protocols promulgated by the National Centers for Disease Control. Results equal to or greater than the levels specified in section 19a-110, as amended by this act, from any examination pursuant to sections 19a-110 to 19a-111c, inclusive, as amended by this act, shall be provided to the child's parent or legal guardian, the local director of health and the commissioner; and

(3) The commissioner shall establish a program for the detection of sources of lead poisoning. Within available appropriations, such program shall include the identification of dwellings in which paint, plaster or other accessible substances contain toxic levels of lead and the inspection of areas surrounding such dwellings for lead-containing materials. Any person who detects a toxic level of lead, as defined by the commissioner, shall report such findings to the commissioner. The commissioner shall inform all interested parties, including but not limited to, the owner of the building, the occupants of the building, enforcement officials and other necessary parties.

Sec. 34. Section 19a-111c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The owner of any dwelling in which the paint, plaster or other material is found to contain toxic levels of lead and in which children under the age of six reside, shall [abate, remediate or manage such dangerous] remediate such toxic levels of lead through testing, abatement or management of such materials consistent with regulations adopted pursuant to this section. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to establish

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requirements and procedures for testing, [remediation,] abatement and management of materials containing toxic levels of lead. [For the purposes of this section, "remediation" means the use of interim controls, including, but not limited to, paint stabilization, spot point repair, dust control, specialized cleaning and covering of soil with mulch.]

(b) The commissioner shall authorize the use of any liquid, cementitious or flexible lead encapsulant product which complies with an appropriate standard for such products developed by the American Society for Testing and Materials or similar testing organization acceptable to the commissioner for the abatement and remediation of lead hazards. The commissioner shall maintain a list of all such approved lead encapsulant products that may be used in this state for the [abatement and] remediation of lead hazards.

(c) (1) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate paint removal from the exterior of any building or structure where the paint removal project may present a health hazard related to lead exposure to neighboring premises. The regulations may establish: (A) Definitions, (B) applicability and exemption criteria, (C) procedures for submission of notifications, (D) appropriate work practices, and (E) penalties for noncompliance.

(2) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate the standards and procedures for [testing, remediation, as defined in this section] remediation of lead hazards, including testing, abatement and management of materials containing toxic levels of lead in any premises.

(3) The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations,

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provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until final regulations are adopted in accordance with the provisions of chapter 54.

Sec. 35. Section 19a-111g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2024*):

(a) (1) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff [; (1) Shall conduct lead testing at least annually for each child nine to thirty-five months of age, inclusive, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention recommendations for childhood lead screening in Connecticut; (2) shall conduct lead testing at least annually for any child thirty-six to seventy-two months of age, inclusive, determined by the Department of Public Health to be at an elevated risk of lead exposure based on his or her enrollment in a medical assistance program pursuant to chapter 319v or his or her residence in a municipality that presents an elevated risk of lead exposure based on factors, including, but not limited to, the prevalence of housing built prior to January 1, 1960, and the prevalence of children's blood lead levels greater than five micrograms per deciliter; (3) shall conduct lead testing for any child thirty-six to seventy-two months of age, inclusive, who has not been previously tested or for any child under seventy-two months of age, if clinically indicated as determined by the primary care provider in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; (4) shall provide, before such lead testing occurs, educational materials or anticipatory guidance information concerning lead poisoning prevention to such child's parent or guardian in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; (5) shall

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conduct a medical risk assessment at least annually for each child thirty-six to seventy-two months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; and (6) may conduct a medical risk assessment at any time for any child thirty-six months of age or younger who is determined by the primary care provider to be in need of such risk assessment in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut.] shall conduct lead risk assessment and lead testing that includes, but need not be limited to:

(A) A complete medical risk assessment based on guidelines prescribed by the commissioner for each child from birth to six years of age, conducted at least annually;

(B) An annual lead screening test for each child who has an elevated risk of lead exposure based on findings of the medical risk assessment conducted pursuant to subparagraph (A) of this subdivision;

(C) A lead screening test for each child at twelve months of age and twenty-four months of age; and

(D) Follow-up testing, in accordance with a schedule established by the commissioner, for each child with a confirmed blood lead level equal to or greater than three and one-half micrograms per deciliter.

(2) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff, shall provide educational materials and guidance information concerning lead poisoning prevention to each child's parent or guardian in accordance with the commissioner's recommendations for childhood lead screening.

[(b)] (3) The requirements of this [section do] subsection shall not

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apply to any child whose parents or guardians object to blood testing as being in conflict with their religious tenets and practice.

(b) Each prenatal health care provider shall (1) provide each pregnant person anticipatory guidance on lead poisoning prevention during pregnancy, (2) assess each pregnant person at the initial prenatal visit for lead exposure using a risk assessment tool recommended by the commissioner, (3) screen or refer for blood lead screening each pregnant person found to be at risk for lead exposure, (4) notify the local health director serving the jurisdiction in which the pregnant person resides if such person has a blood lead level equal to or greater than three and one-half micrograms per deciliter, and (5) provide anticipatory guidance regarding the prevention of childhood lead poisoning to each patient at such patient's postpartum visit.

(c) Upon the receipt of any notice provided pursuant to subdivision (4) of subsection (b) of this section, a local health director shall conduct the epidemiological investigation and take such other actions as described in section 19a-111, as amended by this act.

Sec. 36. Section 19a-111i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) On or before October 1, [2017] 2023, and annually thereafter, the Commissioner of Public Health shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the status of lead poisoning prevention and control efforts in the state for the preceding calendar year. Such report shall include, but need not be limited to, (1) the number of lead screenings of children, [screened for lead poisoning during the preceding calendar year,] (2) the number of children diagnosed with elevated blood levels, [during the preceding calendar year,] and (3) the amount of testing, [remediation,] abatement and management of materials containing toxic levels of lead in all

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premises. [during the preceding calendar year.]

(b) On or before January 1, 2011, the Commissioner of Public Health shall (1) evaluate the lead screening and risk assessment conducted pursuant to sections 19a-110, as amended by this act, and 19a-111g, as amended by this act, and (2) report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the effectiveness of such screening and assessment, including a recommendation as to whether such screening and assessment should be continued as specified in [said] sections 19a-110, as amended by this act, and 19a-111g, as amended by this act.

Sec. 37. Section 19a-111j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Department of Public Health shall, within available appropriations, establish and administer a program of financial assistance to local health departments for expenses incurred in complying with this section and the applicable provisions of sections 19a-110, as amended by this act, 19a-111a, as amended by this act, 19a-206, 47a-52 and 47a-54f. Local health departments shall use the funds disbursed through the program for lead poisoning prevention and control services as described in subsection (b) of this section and other lead poisoning prevention and control purposes approved by the Department of Public Health.

(b) To be eligible to receive program funding from the Department of Public Health, a local health department shall administer a local lead poisoning prevention and control program approved by the department. Such program shall include, but need not be limited to: (1) Case management services; (2) lead poisoning educational services; (3) environmental health services; (4) health education services, including, but not limited to, education concerning proper nutrition for good

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health and the prevention of lead poisoning; and (5) participation in the Department of Public Health's system for the collection, tabulation, analysis and reporting of lead poisoning prevention and control statistics.

(c) A local health department may directly provide lead poisoning prevention and control services within its geographic coverage area or may contract for the provision of such services. A local health department's case management services shall include medical, behavioral, epidemiological and environmental intervention strategies for each child having [one confirmed] a blood lead level that is equal to, or greater than, [twenty] three and one-half micrograms of lead per deciliter of blood. [or two confirmed blood lead levels, collected from samples taken not less than three months apart, that are equal to, or greater than, fifteen micrograms of lead per deciliter of blood but less than twenty micrograms of lead per deciliter of blood.] A local health department shall initiate case management services for such child not later than five business days after the local health department receives the results of a test confirming that the child has a blood lead level as described in this subsection.

(d) A local health department's educational services shall include the distribution of educational materials concerning lead poisoning prevention to the parent, legal guardian and the appropriate health care provider for each child with a [confirmed] blood lead level equal to, or greater than, [ten] three and one-half micrograms of lead per deciliter of blood. Such educational materials shall be provided in English, Spanish and any other language common to the persons in the local health department's jurisdiction.

(e) The Department of Public Health shall disburse program funds to the local health department on an annual basis. After approving a local health department's application for program funding, the funding period shall begin on July first each year. The amount of such funding

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shall be determined by the Department of Public Health based on the number of confirmed childhood lead poisoning cases reported in the local health department's geographic coverage area during the previous calendar year. The director of any local health department that applies for program funding shall submit, not later than September thirtieth, annually, to the Department of Public Health a report concerning the local health department's lead poisoning and prevention control program. Such report shall contain: (1) A proposed budget for the expenditure of program funds for the new fiscal year; (2) a summary of planned program activities for the new fiscal year; and (3) a summary of program expenditures, services provided and operational activities during the previous fiscal year. The Department of Public Health shall approve a local health department's proposed budget prior to disbursing program funds to the local health department.

Sec. 38. Section 20-474 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

As used in sections 20-474 to 20-482, inclusive, as amended by this act, and subsections (e) and (f) of section 19a-88: [and section 19a-111:]

(1) "Abatement" means any set of measures designed to eliminate lead hazards in accordance with standards established pursuant to sections 20-474 to 20-482, inclusive, as amended by this act, and subsections (e) and (f) of section 19a-88 and regulations adopted thereunder, including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean-up, disposal and reoccupancy clearance testing;

(2) "Certificate" means a document issued by the department indicating successful completion of an approved training course;

(3) "Code enforcement official" means the director of health or a

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person authorized by the director to act on the director's behalf, the local housing code official or a person authorized by the local housing code official to act on the local housing code official's behalf, or an agent of the commissioner;

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee;

(5) "Department" means the Department of Public Health;

(6) "Director of health" means a municipal health director or a district director of health as defined in chapters 368e and 368f;

(7) "Dwelling" means every building or shelter used or intended for human habitation, including exterior surfaces and all common areas thereof, and the exterior of any other structure located within the same lot, even if not used for human habitation;

(8) "Dwelling unit" means a room or group of rooms within a dwelling arranged for use as a single household by one or more individuals living together who share living and sleeping facilities;

(9) "Entity" means any person, partnership, firm, association, corporation, limited liability company, sole proprietorship or any other business concern, state or local government agency or political subdivision or authority thereof, or any religious, social or union organization, whether operated for profit or otherwise;

(10) "Lead abatement contractor" means any entity which contracts to perform lead hazard reduction by means of abatement including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead;

(11) "Lead abatement supervisor" means an individual who oversees

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lead abatement activities;

(12) "Lead abatement worker" means an individual who performs lead abatement activities;

(13) "Lead consultant contractor" means any entity which contracts to perform lead hazard reduction consultation work utilizing a lead inspector, lead inspection risk assessor or lead planner-project designer;

(14) "Lead inspection" means an investigation to determine the presence of lead in paint, lead in other surface coverings, lead in dust, lead in soil or lead in drinking water, and the provision of a report explaining the results of the investigation;

(15) "Lead inspector" means an individual who performs inspections solely for the purpose of determining the presence of lead-based paint and surface coverings and lead in soil, dust and drinking water through the use of on-site testing including, but not limited to, x-ray fluorescence (XRF) analysis with portable analytical instruments, and the collection of samples for laboratory analysis and who collects information designed to assess the level of risk;

(16) "Lead inspector risk assessor" means an individual who (A) performs (i) lead inspection risk assessments for the purpose of determining the presence, type, severity and location of lead-based paint hazards, including lead hazards in paint, dust, drinking water and soil, through the use of on-site testing, including, but not limited to, x-ray fluorescence (XRF) analysis with portable instruments, and (ii) the collection of samples for laboratory analysis, and (B) provides suggested ways to control any identified lead hazards;

(17) "Lead planner-project designer" means an individual who designs lead abatement and management activities;

(18) "Lead training provider" means an entity that offers an approved

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training course or refresher training course in lead abatement or lead consultant services;

(19) "License" means the whole or part of any department permit, approval or similar form of permission required by the general statutes and which further requires: (A) Practice of the profession by licensed persons or entities only; (B) that a person or entity demonstrate competence to practice through an examination or other means and meet certain minimum standards; and (C) enforcement of standards by the department;

(20) "Premises" means the area immediately surrounding a dwelling;

(21) "Refresher training course" means an annual, supplemental training course for personnel engaged in lead abatement or lead consultation services; and

(22) "Training course" means an approved training course offered by a training provider for persons seeking instruction in lead abatement or lead consultation services.

Sec. 39. Subsection (b) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, a medical risk assessment for lead poisoning and, when indicated by such assessment, a test of the child's blood lead level, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma

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diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under section 10-204a, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia [or] and Cooley's anemia [and tests for lead levels in the blood] where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

Sec. 40. Subdivision (1) of section 4d-30 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(1) "Contract" means a contract for state agency information system or telecommunication system facilities, equipment or services, which is awarded pursuant to this chapter or subsection (e) of section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as amended by this act.

Sec. 41. Section 4d-47 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

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With respect to any state employee whose position is eliminated or who is laid off as a result of any contract or amendment to a contract which is subject to the provisions of this chapter and subsection (e) of section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-5, 4a-50, 4a-51, subsection (b) of section 4a-57, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as amended by this act, or any subcontract for work under such contract or amendment, (1) the contractor shall hire the employee, upon application by the employee, unless the employee is hired by a subcontractor of the contractor, or (2) the employee may transfer to any vacant position in state service for which such employee is qualified, to the extent allowed under the provisions of existing collectively bargained agreements and the general statutes. If the contractor or any such subcontractor hires any such state employee and does not provide the employee with fringe benefits which are equivalent to, or greater than, the fringe benefits that the employee would have received in state service, the state shall, for two years after the employee terminates from state service, provide to the employee either (A) the same benefits that such employee received from the state, or (B) compensation in an amount which represents the difference in the value of the fringe benefits that such employee received when in state service and the fringe benefits that such employee receives from the contractor or subcontractor.

Sec. 42. Section 4d-48 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

No contract or subcontract for state agency information system or telecommunication system facilities, equipment or services may be awarded to any business entity or individual pursuant to this chapter or subsection (e) of section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as amended by this act, if such

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business entity or individual previously had a contract with the state or a state agency to provide information system or telecommunication system facilities, equipment or services and such prior contract was finally terminated by the state or a state agency within the previous five years for the reason that such business entity or individual failed to perform or otherwise breached a material obligation of the contract related to information system or telecommunication system facilities, equipment or services. If the termination of any such previous contract is contested in an arbitration or judicial proceeding, the termination shall not be final until the conclusion of such arbitration or judicial proceeding. If the fact-finder determines, or a settlement stipulates, that the contractor failed to perform or otherwise breached a material obligation of the contract related to information system or telecommunication system facilities, equipment or services, any award of a contract pursuant to said chapter or sections during the pendency of such arbitration or proceeding shall be rescinded and the bar provided in this section shall apply to such business entity or individual.

Sec. 43. Section 20-195ggg of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

[(a)] As used in this section and sections 44 to 47, inclusive, of this act:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Department" means the Department of Public Health;

[(1)] (3) "Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed a music therapy program approved by the American Music Therapy Association, or any successor of said association; and

[(2)] (4) "Music therapist" means a person who [(A) has earned a bachelor's or graduate degree in music therapy or a related field from

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an accredited institution of higher education, and (B) is certified as a music therapist by the Certification Board for Music Therapists or any successor of said board] has been licensed as a music therapist under the provisions of sections 44 to 47, inclusive, of this act.

[(b) No person unless certified as a music therapist by the Certification Board for Music Therapists, or any successor of said board, may use the title "music therapist" or "certified music therapist" or make use of any title, words, letters, abbreviations or insignia indicating or implying that he or she is a certified music therapist. Any person who violates this section shall be guilty of a class D felony. For purposes of this section, each instance of contact or consultation with an individual that is in violation of any provision of this section shall constitute a separate offense.

(c) The provisions of this section shall not apply to a person who (1) is licensed, certified or regulated under the laws of this state in another profession or occupation, including, but not limited to, occupational therapy, physical therapy, speech and language pathology, audiology or counseling, or is supervised by such a licensed, certified or regulated person, and uses music in the practice of his or her licensed, certified or regulated profession or occupation that is incidental to such practice, provided the person does not hold himself or herself out to the public as a music therapist, (2) is a student enrolled in a music therapy educational program or graduate music therapy educational program approved by the American Music Therapy Association, or any successor of said association, and music therapy is an integral part of the student's course of study and such student is performing such therapy under the direct supervision of a music therapist, or (3) is a professional whose training and national certification attests to such person's ability to practice his or her certified occupation or profession and whose use of music is incidental to the practice of such occupation or profession, provided such person does not hold himself or herself out to the public

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as a music therapist.]

Sec. 44. (NEW) (*Effective October 1, 2023*) (a) No person may use the title "music therapist" or "licensed music therapist" or make use of any title, words, letters, abbreviations or insignia that may reasonably be confused with licensure as a music therapist unless such person is licensed pursuant to section 45 of this act or has been issued a temporary permit pursuant to section 46 of this act.

(b) The provisions of this section shall not apply to a person who (1) is licensed, certified or regulated under the laws of this state in another profession or occupation, including, but not limited to, occupational therapy, physical therapy, speech and language pathology, audiology or counseling, or is supervised by such a licensed, certified or regulated person, and uses music in the practice of such person's licensed, certified or regulated profession or occupation that is incidental to such practice, provided the person does not hold himself or herself out to the public as a music therapist, (2) is a student enrolled in a music therapy educational program or graduate music therapy educational program approved by the American Music Therapy Association, or any successor of said association, and music therapy is an integral part of the student's course of study and such student is performing such therapy under the direct supervision of a music therapist, or (3) is a professional whose training and national certification attests to such person's ability to practice such person's certified occupation or profession and whose use of music is incidental to the practice of such occupation or profession, provided such person does not hold himself or herself out to the public as a music therapist.

Sec. 45. (NEW) (*Effective October 1, 2023*) (a) On and after October 1, 2023, the Commissioner of Public Health shall grant a license as a music therapist to any applicant who, except as provided in subsections (b) and (c) of this section, furnishes evidence satisfactory to the commissioner that such applicant (1) has earned a bachelor's or

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graduate degree in music therapy or a related field from an accredited institution of higher education, and (2) holds a current certification as a music therapist from the Certification Board for Music Therapists, or any successor of said board. The commissioner shall develop and provide application forms. The application fee shall be three hundred fifteen dollars.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant is licensed or certified as a music therapist, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction that has requirements for practicing in such capacity that are substantially similar to, or higher than, those of this state and that there are no disciplinary actions or unresolved complaints pending in this state or any other state.

(c) Licenses issued under this section shall be renewed annually pursuant to section 19a-88 of the general statutes. The fee for such renewal shall be one hundred ninety dollars. Each licensed music therapist applying for license renewal shall furnish evidence satisfactory to the commissioner of having current certification with the Certification Board for Music Therapists, or any successor of said board, and having obtained continuing education units for certification as required by said board.

(d) (1) Any individual who has been convicted of any criminal offense may request, at any time, that the commissioner determine whether such individual's criminal conviction disqualifies the individual from obtaining a license issued or conferred by the commissioner pursuant to this section or section 46 of this act based on (A) the nature of the conviction and its relationship to the individual's ability to safely or competently perform the duties or responsibilities associated with such license, (B) information pertaining to the degree of rehabilitation of the individual, and (C) the time elapsed since the conviction or release of

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the individual. An individual making such request shall include (i) details of the individual's criminal conviction, and (ii) any payment required by the commissioner. The commissioner may charge a fee of not more than fifteen dollars for each request made under this subsection. The commissioner may waive such fee.

(2) Not later than thirty days after receiving a request under this subsection, the commissioner shall inform the individual making such request whether, based on the criminal record information submitted, such individual is disqualified from receiving or holding a license issued pursuant to this section.

(3) The commissioner is not bound by a determination made under this subsection, if, upon further investigation, the commissioner determines that the individual's criminal conviction differs from the information presented in the determination request.

Sec. 46. (NEW) (*Effective October 1, 2023*) The Department of Public Health may issue a temporary permit to an applicant for licensure as a music therapist who holds a bachelor's degree or higher in music therapy or a related field. Such temporary permit shall authorize the holder of the temporary permit to practice music therapy under the general supervision of a licensed music therapist at all times during which the holder of the temporary permit performs music therapy. Such temporary permit shall be valid for a period not to exceed three hundred sixty-five calendar days after the date of attaining such bachelor's degree or higher and shall not be renewable. No temporary permit shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this state or any other state. The commissioner may revoke a temporary permit for good cause, as determined by the commissioner. The fee for a temporary permit shall be fifty dollars.

Sec. 47. (NEW) (*Effective October 1, 2023*) The Commissioner of Public

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Health may deny an application of an individual or take any disciplinary action set forth in section 19a-17 of the general statutes against a music therapist for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, provided any action taken is based upon (A) the nature of the conviction and its relationship to the license holder's ability to safely or competently practice as a music therapist, (B) information pertaining to the degree of rehabilitation of the license holder, and (C) the time elapsed since the conviction or release; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice music therapy; (4) fraud or deceit in the practice of music therapy; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; or (8) wilful falsification of entries in any hospital, patient or other record pertaining to music therapy. The commissioner may order a license holder to submit to a reasonable physical or mental examination if such license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the general statutes. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17 of the general statutes.

Sec. 48. Subsection (b) of section 20-206f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(b) No more than [six] eighteen continuing education units shall be completed via the Internet or distance learning and no more than twelve continuing education units shall be obtained from providers that are not approved by the National Certification Board for Therapeutic Massage and Bodywork. For purposes of this section, "continuing education unit"

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means fifty to sixty minutes of participation in accredited continuing professional education.

Sec. 49. (NEW) (*Effective January 1, 2024*) The Commissioner of Public Health shall provide funeral directors licensed pursuant to chapter 385 of the general statutes who operate or are affiliated with a funeral home or funeral service business that (1) is located in another state, and (2) has a reciprocal agreement on file with the Department of Public Health, with access to the electronic death registry system.

Sec. 50. Section 20-195cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(a) The Commissioner of Public Health shall grant a license (1) as a professional counselor to any applicant who furnishes evidence satisfactory to the commissioner that such applicant has met the requirements of section 20-195dd, and (2) as a professional counselor associate to any applicant who furnishes evidence satisfactory to the commissioner that such applicant has met the requirements of section 20-195dd. The commissioner shall develop and provide application forms. The application fee for a professional counselor shall be three hundred fifteen dollars. The application fee for a professional counselor associate shall be two hundred twenty dollars.

(b) Licenses issued to professional counselors and professional counselor associates under this section may be renewed annually pursuant to section 19a-88. The fee for such renewal shall be one hundred ninety-five dollars. Each licensed professional counselor and professional counselor associate applying for license renewal shall furnish evidence satisfactory to the commissioner of having participated in continuing education programs. The commissioner shall adopt regulations, in accordance with chapter 54, to (1) define basic requirements for continuing education programs that shall include (A) not less than one contact hour of training or education each registration

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period on the topic of cultural competency, (B) on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (i) determining whether a patient is a veteran or family member of a veteran, (ii) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (iii) suicide prevention training, and (C) on and after January 1, 2018, not less than three contact hours of training or education each registration period on the topic of professional ethics, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for a waiver of the continuing education requirement for good cause.

(c) (1) Any individual who has been convicted of any criminal offense may request, at any time, that the commissioner determine whether such individual's criminal conviction disqualifies the individual from obtaining a license issued or conferred by the commissioner pursuant to this chapter based on (A) the nature of the conviction and its relationship to the individual's ability to safely or competently perform the duties or responsibilities associated with such license, (B) information pertaining to the degree of rehabilitation of the individual, and (C) the time elapsed since the conviction or release of the individual.

(2) An individual making such request shall include (A) details of the individual's criminal conviction, and (B) any payment required by the commissioner. The commissioner may charge a fee of not more than fifteen dollars for each request made under this subsection. The commissioner may waive such fee.

(3) Not later than thirty days after receiving a request under this subsection, the commissioner shall inform the individual making such request whether, based on the criminal record information submitted, such individual is disqualified from receiving or holding a license

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issued or conferred pursuant to this chapter.

(4) The commissioner is not bound by a determination made under this section, if, upon further investigation, the commissioner determines that the individual's criminal conviction differs from the information presented in the determination request.

(d) Notwithstanding the provisions of this section, a person who is a graduate of a course of study described in subdivision (1) or (2) of subsection (b) of section 20-195dd may practice professional counseling for a period not greater than one hundred twenty calendar days after the date such person completed such course of study, provided such person works under professional supervision.

Sec. 51. Section 20-195c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(a) Each applicant for licensure as a marital and family therapist shall present to the department satisfactory evidence that such applicant has: (1) Completed a graduate degree program specializing in marital and family therapy offered by a regionally accredited college or university or an accredited postgraduate clinical training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education offered by a regionally accredited institution of higher education; (2) completed a supervised practicum or internship with emphasis in marital and family therapy supervised by the program granting the requisite degree or by an accredited postgraduate clinical training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education and offered by a regionally accredited institution of higher education; (3) completed twelve months of relevant postgraduate experience, including (A) a minimum of one thousand hours of direct client contact offering marital and family therapy services subsequent to being awarded a master's degree or doctorate or subsequent to the training year specified in subdivision (2)

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of this subsection, and (B) one hundred hours of postgraduate clinical supervision provided by a licensed marital and family therapist; and (4) passed an examination prescribed by the department. The fee shall be three hundred fifteen dollars for each initial application.

(b) Each applicant for licensure as a marital and family therapist associate shall present to the department (1) satisfactory evidence that such applicant has completed a graduate degree program specializing in marital and family therapy offered by a regionally accredited institution of higher education or an accredited postgraduate clinical training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education and offered by a regionally accredited institution of higher education, and (2) verification from a supervising licensed marital and family therapist that the applicant is working toward completing the postgraduate experience required for licensure as a marital and family therapist under subdivision (3) of subsection (a) of this section. The fee shall be one hundred twenty-five dollars for each initial application.

(c) The department may grant licensure without examination, subject to payment of fees with respect to the initial application, to any applicant who is currently licensed or certified as a marital or marriage and family therapist or a marital and family therapist associate in another state, territory or commonwealth of the United States, provided such state, territory or commonwealth maintains licensure or certification standards which, in the opinion of the department, are equivalent to or higher than the standards of this state. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

(d) (1) A license issued to a marital and family therapist issued under this section may be renewed annually in accordance with the provisions of section 19a-88. The fee for such renewal shall be three hundred

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twenty dollars. Each licensed marital and family therapist applying for license renewal shall furnish evidence satisfactory to the commissioner of having participated in continuing education programs. The commissioner shall adopt regulations, in accordance with chapter 54, to (A) define basic requirements for continuing education programs, which shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (i) determining whether a patient is a veteran or family member of a veteran, (ii) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (iii) suicide prevention training, (B) delineate qualifying programs, (C) establish a system of control and reporting, and (D) provide for waiver of the continuing education requirement for good cause.

(2) A license issued to a marital and family therapist associate shall expire on or before twenty-four months after the date on which such license was issued and may be renewed once for an additional twenty-four months in accordance with the provisions of section 19a-88. The fee for such renewal shall be two hundred twenty dollars. Each licensed marital and family therapist associate applying for license renewal shall furnish evidence satisfactory to the commissioner of working toward completing the postgraduate experience required for licensure as a marital and family therapist under subdivision (3) of subsection (a) of this section and the potential for successful completion of such experience prior to the expiration of the twenty-four month renewal period.

(e) Notwithstanding the provisions of this section, an applicant who

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is currently licensed or certified as a marital or marriage and family therapist in another state, territory or commonwealth of the United States that does not maintain standards for licensure or certification that are equivalent to or higher than the standards in this state may substitute three years of licensed or certified work experience in the practice of marital and family therapy, as defined in section 20-195a, in lieu of the requirements of subdivisions (2) and (3) of subsection (a) of this section.

(f) Notwithstanding the provisions of this section, a person who is a graduate of a graduate degree program or a postgraduate clinical training program described in subdivision (1) of subsection (b) of this section may practice marital and family therapy for a period not greater than one hundred twenty calendar days after the date such person completed such program, provided such person works under the clinical supervision of a licensed marital family therapist.

Sec. 52. Section 19a-111h of the general statutes is repealed. (*Effective October 1, 2023*)

Approved June 7, 2023